

Brighthouse
FINANCIAL

Life Insurance Absolute Assignment

INSTRUCTIONS:

Use this form to name a new Absolute Assignee (Owner). An Absolute Assignee is entitled to exercise all ownership rights and receive the death benefit. Do not use this form for Annuities. Complete this form in its entirety to avoid any delays in processing. If you need assistance in completing this form, please call your financial professional, sales office, or the appropriate number listed under How to Submit this Form.



The Company indicated in this section is referred to as "the Company."

☐ Brighthouse Life Insurance Company of NY
☐ New England Life Insurance Company

☒ Brighthouse Life Insurance Company

Policy Number(s): (1) 7447253 (2) (3) (4)

SECTION I - About the Insured

First Name	Middle Name	Last Name	Date of Birth	Social Security Number
JOHN	P	UTSICK		

Permanent Address	City	State	Zip	Phone Number

SECTION II - About the Assignment Complete either Assignment Type A, B or C

Check here if this Assignment is a Reportable Policy Sale for tax purposes such as a transfer to a life settlement company: ☐

Note: "Reportable Policy Sale" is defined under Internal Revenue Code ("IRC") § 101(a)(3) as the acquisition of an interest in a life insurance contract, directly or indirectly, if the acquirer has no substantial family, business, or financial relationship with the insured apart from the acquirer's interest in such life insurance contract. If the box above is checked, the acquirer must provide the Company with IRS Form 1099-LS. See www.irs.gov for more information.

Note - If the policy is transferred for value, a portion of the death proceeds may be subject to income taxes.

☐ **TYPE A: Assignment to One or More Individuals**

First Name	Middle Name	Last Name	Relationship to Insured	Soc. Security No.	Date of Birth	% If Not Equal*

Permanent Address	City	State	Zip	Country of Citizenship	Phone Number

First Name	Middle Name	Last Name	Relationship to Insured	Soc. Security No.	Date of Birth	% If Not Equal*

Permanent Address	City	State	Zip	Country of Citizenship	Phone Number

First Name	Middle Name	Last Name	Relationship to Insured	Soc. Security No.	Date of Birth	% If Not Equal*

Permanent Address	City	State	Zip	Country of Citizenship	Phone Number

*Total must equal 100%

Owner Initial Here _____ Date _____

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If Joint Assignees Are Named:

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SECTION III - General Provisions

- This Absolute Assignment is subject to any policy loan or prior Collateral Assignment affecting the policy(ies).
- Trust Beneficiaries:
 - The Company reserves the right to require written evidence satisfactory to it that the Trust is in effect and evidence of the identity of the Trustee(s) who are qualified to act on behalf of the Trust with respect to a policy transaction. The Company shall be fully protected in acting in reliance upon such evidence.
 - The Company's responsibility for the payment of proceeds ends with the payment to the Trustee(s); it has no responsibility regarding any subsequent distribution.
- The Company is requested to waive any policy provision requiring the endorsement of the policy.
- The Company is authorized to consider a fax or a photocopy of this signed form as valid as the original signed form.
- The Company is authorized to make any clarifying additions or amendments to the Life Insurance Absolute Assignment.

Signatures - Current Owner(s)

All Owners are required to sign this form. Any Irrevocable Beneficiary must also sign this form.

If any Owner resides in Massachusetts, that Owner's signature must be witnessed by a disinterested person over 18 who is not being named as an Assignee. In all other states, witnessing is recommended but not required.

The undersigned hereby revoke(s) any prior designation of Beneficiaries and Contingent Owners and any Settlement Option/ Optional Income Plan election, and absolutely assign(s) all ownership and beneficial rights to the Assignee(s).

By signing below, I certify that I have read and agree to the contents of this form.

Individually Owned Please sign as shown below;

Each Individual Owner Should sign and provide all additional requested information. Space is provided for up to two Individual Owners. Any additional Individual Owners should sign and provide all requested information in the blank space at the bottom of this page.

A party signing on behalf of an Owner The full name of both the Owner and the Owner's fiduciary or agent should be shown. When submitting these forms, include legal documentation of the authority to act (e.g., power of attorney, guardianship papers, etc.).

Signature	Print Name - First	Middle	Last
_____	_____	_____	_____
Signed at City	State	Date	
_____	<input type="text"/>	_____	
Witness Signature	Print Name - First	Middle	Last
_____	_____	_____	_____
			Date
_____	_____	_____	_____

Signature	Print Name - First	Middle	Last
_____	_____	_____	_____
Signed at City	State	Date	
_____	<input type="text"/>	_____	
Witness Signature	Print Name - First	Middle	Last
_____	_____	_____	_____
			Date
_____	_____	_____	_____

► Owner Initial Here _____ Date _____

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Corporate, Partnership or Trust Owned

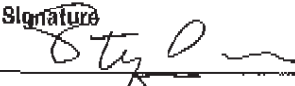

Please sign as shown below:

Trust Owned	Signatures, followed by the word "Trustee", of all required Trustees.
Corporate Owned	Signature and title of one authorized officer (other than the Insured).
Partnership Owned	Signature and title of one authorized partner (other than the Insured).
Limited Liability Company	Signature and title of one authorized individual (other than the Insured).
Sole Proprietorship Owned	Signature of Owner, followed by the title "Sole Owner".

Name of Corporation, Partnership or Trust

If Trust, date of Trust

LifeFactor II LLC

Signature 			Title	Date	
			Managing Member	9/24/21	
Print Name - First	Middle	Last	Signed at City	State	
Stefan	L	Leer	El Dorado Hills	CA	
Witness to Signature 		Print Name - First	Middle	Last	Date
		Erica		Klomp	9/24/21
Signature			Title	Date	
Print Name - First	Middle	Last	Signed at City	State	
Witness to Signature		Print Name - First	Middle	Last	Date

RESERVED FOR ADMINISTRATIVE OFFICE CLARIFICATION





SECTION IV - General Information and Certification - New Owner(s)

If you acquired this policy in a Reportable Policy Sale as defined under IRC 5 101(a)(3), you have an obligation to timely provide the Company with a completed IRS Form 1099-LS.

Under the penalties of perjury, I certify:

1. The number shown on this form is my correct taxpayer identification number, and;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and;
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
3. I am a U.S. citizen or other U.S. person and;
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.
(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation, e.g. IRS Form W-8BEN for Individuals, which can be found on the IRS website).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature 	Print Full Name	Date	Tax ID or Social Security No.
	Stefan Leer	9/24/21	
X Signature 	Print Full Name	X Date	X Tax ID or Social Security No.
	Irrevocable Beneficiary Michael Goldburg Receiver for Worldwide Entertainment for 46.67%	3/31/22	
Signature	Print Full Name	Date	Tax ID or Social Security No.

Owner Initial Here Date
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